

57459

# CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-006048**

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

**GENERATOR** (Generator Must Complete)

② Name **ALUMINUM CO. OF AMERICA VERNON WORKS**

EPA NO. **C A D 0 7 4 1 2 6 6 8 1**

Address **5151 ALCOA AVE.** Phone No. **588-6141**

City, State, Zip **VERNON, CA. 90058**

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name **OPERATING INDUSTRIES, INC.**

EPA NO. **C A D 0 8 0 0 1 2 0 2 4**

Address **900 N. POTRERO GRANDE DR.**

City, State, Zip **MONTEREY PARK, CA.**

④ Alternate TSD Facility **CHEMICAL WASTE MANAGEMENT, INC.** SFUND RECORDS CTR 999000987

Name **CHEMICAL WASTE MANAGEMENT, INC.**

EPA NO. **C A T 0 0 0 6 4 6 1 1 7**

Address **P.O. BOX 1104 430 W. ELM AVE.**

City, State, Zip **COALINGA, CA.**

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER: <u>1</u>
WASTE			<u>100</u>	<u>DRUMS</u>	TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
WASTE					

⑥ WASTE CATEGORY #7 ⑦ EX. HAZ. WASTE PERMIT NO. \_\_\_\_\_ ⑧ GENERATING PROCESS **ALUMINUM FABRICATION**

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material <u>100</u> %		

⑩ WASTE PROPERTIES: pH 7  Toxic  Flammable  Corrosive/Irritant  Reactive  Sensitizer  Carcinogen/Mutagen

⑪ PHYSICAL STATE:  Solid  Liquid  Sludge  Slurry  Gas  Other **ALUMINUM OXIDES & WATER**

⑫ SPECIAL HANDLING INSTRUCTIONS:  Gloves  Goggles  Respirator  Other \_\_\_\_\_

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ K. Kemp Signature of Authorized Agent and Title 7-7-82 Date Shipped

**TRANSPORTER** (HAULER MUST COMPLETE)

⑭ NAME **ASBURY OIL CO.**

EPA NO. **C A D 0 2 8 2 7 7 0 3 6**

ADDRESS **13419 Halldale Avenue** PHONE NO. **(213) 321-1392**

CITY, STATE, ZIP **Gardena, California 90249**

⑮ PICK-UP DATE 7-7-82 TIME 8:45  AM  PM

⑯ P.B. Lewis Signature of Authorized Agent and Title 7-7-82 Date

**TSD FACILITY** (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME Operating Industries, Inc. ⑱ QUANTITY (If Measured) \_\_\_\_\_

EPA NO. CAD080012024 ⑲ STATE FEE (If Any) \_\_\_\_\_

PHONE NO. \_\_\_\_\_

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: \_\_\_\_\_

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: \_\_\_\_\_

㉑ HANDLING OR DISPOSAL METHOD:  
 Surface Impoundment  Landfill  
 Injection Well  Land Treatment  
 Treatment (Specify) \_\_\_\_\_  
 Recovery or Reuse  Storage/Transfer

㉒ NAME \_\_\_\_\_

EPA NO. \_\_\_\_\_

㉓ [Signature] Signature of Authorized Agent and Title 7-7-82 Date Accepted